

EXHIBIT B

Pfizer Inc.
(800) 666-7248, option 8PAGE: 16
DOC. TYPE: INVOICE
DOC. #: DECEMBER2020
DOC. DATE: 12/31/2020

MONTHLY BILLING FOR: December 2020

United States Government - CDC - COVID Base Agreement #: 2020-532

United States Government - CDC - COVID Project Agreement #: 2011-003

CUSTOMER #: 3000467622
PAYER #: 3000467622
SHIP TO #: 1000002025SALES REP
US07SHIPPING TERMS:
FOB DESTINATION

BILLED TO OR CREDITED TO

ADVANCED TECHNOLOGY INTERNATIONAL

ATTN: ACCOUNTS PAYABLE

[REDACTED] CONTRACTS ADMIN

315 SIGMA DR

SUMMERVILLE SC 29486-7790

NDC	DESCRIPTION	QUANTITY	PRICE	AMOUNT	USD
59267-1000-2	PFE-BNT 0.5MG/ML COVIDVX 195X2ML GVL EUA	7,699,575 DS	19.50/DS	150,141,712.50	
59267-1000-2	PFE-BNT 0.5MG/ML COVIDVX 195X2ML GVL EUA	-15 DS	19.50/DS	-292.50	
11111-006-02	SOD CHL 0.9% 18MG/2ML SSOL 8X25 SDV	7,901 EA	500.00/EA	3,950,500.00	

Represents 7,699,560 doses for the month of December, 2020, for a total cumulative milestone of 7,699,560 Doses to date.

I certify that the amounts invoiced are for costs incurred in accordance with the agreement, the work reflected has been performed, and prior payment has not been received.

Authorized Signature _____

SUBJECT TO CONDITIONS NET 30 Days

PLEASE PAY TOTAL BY 01/30/2021

TOTAL USD

****154,091,920.00

PLEASE DIRECT ORDERS or INQUIRIES TO:
1-800-666-7248, option 8DIRECT PAYMENT INQUIRIES TO:
1.888.284.8140 Phone/ 484.323.1985 Fax

PLEASE SEND PAYMENT AND REMITTANCE TO:

Pfizer Inc.
P.O. Box 100539
ATLANTA GA 30384-0539PLEASE INCLUDE YOUR INVOICE NUMBER ON YOUR
REMITTANCE

Customer Name: ADVANCED TECHNOLOGY INTERNATIONAL

Payer: 3000467622

Doc. #: DECEMBER2020

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Amount Enclosed: \$ _____